



2024 Dog License Application

Name of Owner(s): _____

Full Mailing Address, Including PO Box #: _____

Phone Number: _____

Email Address: _____

Dogs Name	Age	Breed	Colour	Sex (M/F)	Spayed/ Neutered (Y/N)	Rabies Vaccine Information (including Vaccine #, Date, Veterinary Information)	Tag #

Proof of Rabies Vaccine is required for all applications. If at the time of application the information is not available, owner's can complete the following declaration on the status of the Rabies Vaccination.

I, _____, hereby declare that _____, has received a valid Rabies vaccination effective
(Name) (Dog(s) Name)

today's date and will provide this information to the Township of Southgate as soon as possible.

Owners Signature

Date

Commissioners Signature